## IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF NEW YORK

ELIZABETH W.,

Plaintiff,

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Civil Action No. 6:23-CV-1017 (DEP)

COMMISSIONER OF SOCIAL SECURITY,

Defendant.

**APPEARANCES:** 

OF COUNSEL:

FOR PLAINTIFF

OFFICE OF PETER W. ANTONOWICZ PETER W. ANTONOWICZ, ESQ. 148 West Dominick Street Rome, NY 13440

**FOR DEFENDANT** 

SOCIAL SECURITY ADMIN. OFFICE OF GENERAL COUNSEL 6401 Security Boulevard Baltimore, MD 21235

KRISTINA D. COHN, ESQ.

DAVID E. PEEBLES U.S. MAGISTRATE JUDGE

ORDER

Currently pending before the court in this action, in which plaintiff seeks judicial review of an adverse administrative determination by the Commissioner of Social Security ("Commissioner"), pursuant to 42 U.S.C. §§ 405(g) and 1383(c)(3), are cross-motions for judgment on the pleadings. 1 Oral argument was heard in connection with those motions on January 15, 2025, during a telephone conference conducted on the record. At the close of argument, I issued a bench decision in which, after applying the requisite deferential review standard, I found that the Commissioner's determination resulted from the application of proper legal principles and is supported by substantial evidence, providing further detail regarding my reasoning and addressing the specific issues raised by the plaintiff in this appeal.

After due deliberation, and based upon the court's oral bench decision, which has been transcribed, is attached to this order, and is incorporated herein by reference, it is hereby

ORDERED, as follows:

- 1) Defendant's motion for judgment on the pleadings is GRANTED.
  - 2) The Commissioner's determination that the plaintiff was not

This matter, which is before me on consent of the parties pursuant to 28 U.S.C. § 636(c), has been treated in accordance with the procedures set forth in General Order No. 18. Under that General Order, once issue has been joined, an action such as this is considered procedurally as if cross-motions for judgment on the pleadings had been filed pursuant to Rule 12(c) of the Federal Rules of Civil Procedure.

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disabled at the relevant times, and thus is not entitled to benefits under the Social Security Act, is AFFIRMED.

3) The clerk is respectfully directed to enter judgment, based upon this determination, DISMISSING plaintiff's complaint in its entirety.

David E. Peebles U.S. Magistrate Judge

Dated: January 16, 2025 Syracuse, NY UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF NEW YORK

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ELIZABETH W.,

Plaintiff,

vs.

6:23-CV-1017

COMMISSIONER OF SOCIAL SECURITY,

Defendant.

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Transcript of a **Decision** held during a

Telephone Conference on January 15, 2025, the

HONORABLE DAVID E. PEEBLES, United States Magistrate

Judge, Presiding.

APPEARANCES

(By Telephone)

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(The Court and all counsel present by telephone.)

THE COURT: So the first issue I should raise with you just to be sure, Attorney Antonowicz, is the question of consent. When this case was initially filed, it was referred to Magistrate Judge Thérèse Wiley Dancks. The consent form that was filed as Docket Number 4 specifically consented to her jurisdiction to hear and decide the case. When the case was transferred to me, there was a docket entry that required the plaintiff to notify the court if consent was being withdrawn based upon the transfer. There was no such notification, but I wanted to ensure, do you consent to my hearing and deciding this case?

MR. ANTONOWICZ: Your Honor, at the time that that happened I was not under the effects of any medications, and I did not object to you being assigned and I still don't object to it.

THE COURT: Thank you. Plaintiff has commenced this proceeding pursuant to 42 United States Code Sections 405(g) and 1383(c)(3) to challenge an adverse determination by the Commissioner of Social Security finding that she was not disabled at the relevant times and therefore ineligible for the benefits sought.

The background is as follows: Plaintiff was born in July of 1988, she is currently 36 years of age. She

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stands 5 foot 9 inches in height and weighs approximately 225 pounds. Plaintiff has lived in Wampsville, New York since approximately December of 2020 with a fiance. She has two children that were born in May of 2018 and January of 2023. The father of those children apparently is deceased. She receives help caring for the children from her father. Plaintiff is a high school graduate, she was in regular classes while in high school. She also has approximately two years of college education, and has taken an auto service course. She is right-handed. Plaintiff stopped working in January of 2018, at the time she was pregnant. In the past she has worked as a cashier and assistant store manager, a cook, dishwasher, housekeeper, and manual farm laborer.

Physically, plaintiff suffers from multiple impairments including obesity, polyarthropathy, lumbar degenerative disc disease, cervical degenerative disc disease with radiculopathy, bilateral carpal tunnel syndrome, and status post-hernia repair which occurred in February of 2020. She has also been diagnosed and treated for hyperlipidemia and hyperthyroidism, but as the administrative law judge concluded in this case, they are not sufficiently severe to impair -- severe to impair her ability to perform work functions.

Mentally, plaintiff suffers from depressive disorder, anxiety disorder, post-traumatic stress disorder,

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obsessive compulsive disorder, panic disorder. She has been treated but not received any psychiatric hospitalization. Plaintiff's activities of daily living including the ability to dress, groom, bathe, cook, clean, do laundry, shop, drive although she does not take public transportation, care for her children, watches television, she listens to music, she reads, and she enjoys working with beads.

Procedurally, this case was filed -- this case emanated from applications for Title II and Title XVI benefits protectively filed on April 5, 2021, alleging a disability onset date of January 31, 2018. At page 370 of the Administrative Transcript she claimed disability based on spinal stenosis, degenerative disc disease, osteoarthritis, anxiety, and depression. A hearing was conducted on December 13, 2022, by Administrative Law Judge Jennifer Gale Smith, at which a vocational expert also testified.

Administrative Law Judge Smith issued an adverse determination on April 6, 2023. That became a final determination of the Agency on June 29, 2023 when the Social Security Administration Appeals Council denied plaintiff's application for review. This action was commenced on August 21, 2023, and is timely.

In her decision, ALJ Smith applied the familiar five-step sequential test for determining disability.

At step one, she concluded that plaintiff had not

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engaged in substantial gainful activity since January 31, 2018. She did note for purposes of Title II benefits that plaintiff was last insured on December 31, 2023.

Plaintiff suffers, according to the administrative law judge, from several severe impairments that impose more than minimal limitations on her ability to perform basic work functions, including obesity, inflammatory polyarthropathy, lumbar degenerative disc disease, cervical degenerative disc disease with radiculopathy, carpal tunnel syndrome, status post-hernia repair, depressive disorder, anxiety disorder, and post-traumatic stress disorder.

At step three she concluded that none of those impairments meet or medically equal any of the listed presumptively disabling conditions set forth in the Commissioner's regulations, specifically considering Listings 1.15, 1.18, 12.04, 12.05, and 12.06.

After surveying the record, the administrative law judge next concluded that notwithstanding her limitations, plaintiff retains the ability to perform light work with various additional limitations both addressing her physical and her mental conditions.

At step four, she concluded that plaintiff is incapable of performing her past relevant work which was characterized as general farmworker, cashier, assistant manager, cook, and dishwasher.

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At step five, with the aid of a vocational expert testifying concerning the hypothetical that was presented mirroring the RFC, the ALJ concluded that plaintiff is capable of performing work available in the national economy and cited as representative occupations those of marker, office helper, and inspector hand packager, and therefore concluded that plaintiff was not disabled at the relevant times.

As the parties know, the standard that the court must apply is extremely deferential. I must determine whether correct legal principles were applied and the resulting determination is supported by substantial evidence. The Second Circuit has addressed this standard, most notably in Brault v. Social Security Administration Commissioner, 683 F.3d 443, Second Circuit, 2012, and reiterated more recently in Schillo v. Kijakazi, 31 F.4th 64, Second Circuit 2022.

The plaintiff raises two essential contentions in support of her challenge to the determination of the Agency. She challenges the evaluation of medical opinions in the record, including the administrative law judge's reliance on prior administrative medical findings of state agency physicians. The focus of the plaintiff's arguments appears to be on her physical capabilities to perform work. And secondly, she challenges the evaluation of the administrative law judge concerning plaintiff's subjective reports of

symptomology.

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When it comes to evaluation of medical opinions, that is governed by regulations which took effect for applications filed after March 27, 2017, and under those regulations, the Commissioner will not defer or give any specific evidentiary weight, including controlling weight, to any medical opinions, including those from medical sources, but instead must consider whether they are persuasive by primarily considering whether the opinions are supported by and consistent with the record in the case. 20 C.F.R Sections 404.1520c and 416.920c. An ALJ must explicitly state how persuasive he or she finds all of the medical opinions and explain specifically how the factors of supportability and consistency were considered.

The Second Circuit has noted that, first of all, if there is an error in applying these new regulations, the court must make a searching review of the record to determine whether it is harmless and whether the rules were in fact abridged. Loucks v. Kijakazi, 2022 WL 2189293 from the Second Circuit, 2022, and Estrella v. Berryhill, 925 F.3d 90 from 2019, Second Circuit. And of course it is well established that in the end, the determination concerning the weighing of medical evidence is for the administrative law judge in the first instance and not a function for the court. Veino v. Barnhart, 312 F.3d 578, Second Circuit, 2002.

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In this case, one of the two major focuses of plaintiff's argument is on prior administrative findings by Dr. C. Krist from September 16, 2021, that appears at 85 to 118 and 692 to 694 of the Administrative Transcript, and Dr. Gregory Zito on reconsideration from March 17, 2022 appearing at 119 to 158 and 886 to 888 of the record. were discussed by Administrative Law Judge Smith at page 28 of the Administrative Transcript, and she found them both to be persuasive. The plaintiff claims that incomplete files were reviewed by those physicians and that because of the lapse in time, it was error to rely on them. That is -- the Second Circuit has made it clear in Camille v. Colvin, 652 F.App'x 25, Second Circuit 2016 at specifically footnote 4, that there's no unqualified rule concerning the lapse of time between the existence of the prior administrative medical finding and the ALJ's decision, the focus is on whether there is room to doubt that the opinion is still valid because there has been deterioration of the plaintiff's condition. Kidd v. Commissioner of Social Security, 2019 WL 1260750 from the Western District of New York, 2019. Contrary to plaintiff's claim, Dr. Krist and

Contrary to plaintiff's claim, Dr. Krist and Dr. Zito both reviewed comprehensive records that included the August 2021 MRI results which are in the record at 898 to 900, and the nerve conduction and EMG studies which are at 828 to 829. Dr. Krist referenced those at page 97 of the

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Administrative Transcript, Dr. Zito referred to them at 134 of the Administrative Transcript.

When it comes to the question of deterioration, there is no evidence whatsoever that there was significant deterioration from the time of that testing. The July 14, 2022 cervical MRI specifically noted no significant change from August 2021 MRI. That's at 904 to 905 of the Administrative Transcript and also 894.

It is well established that it is proper to rely on prior administrative medical findings if they are supported, and that they can supply substantial evidence supporting a resulting determination. Woytowicz v. Commissioner of Social Security, 2016 WL 6427787, Northern District of New York, October 5, 2016, that report and recommendation was adopted on -- at 2016 WL 6426385, October 28, 2016.

So I don't find any error, I think that there was a proper assessment by the administrative law judge of the opinions of Dr. Krist and Dr. Zito. She gave three reasons why she found them to be proper. One, they are supported by a review of relevant objective medical evidence such as MRIs, x-rays, and EMG and findings set forth in the report. Two, adding to the persuasiveness of the opinions are the reviewer's familiarity with the Agency's disability programs, policies, and evidentiary requirements, and the fact that the purpose of the review was to render a medical opinion on

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disability using the Agency's criteria. And three, in addition, the finding that the claimant is capable of performing a reduced range of light work is consistent with the care claimant provides to her children, vacuuming, doing laundry, and cooking, that's at page 28 of the Administrative Transcript.

The plaintiff has focused on some records, medical records that show that her gait is not regular, reduced ranges of motion and so forth. As the Commissioner's argued, while there may be some indications of that, the overwhelming reports from medical treatment providers is that she has a regular gait. And I went through carefully the records and I found that notation at 669, 684 to 687 -- I'm sorry, that's the nerve conduction study. 690 to 691 -- no, that's the MRI. 704, 710, 715, 894, 899, 904 -- I'm sorry, 899. I found that those were treatment providers that noted that plaintiff had a regular gait.

So the test that I have to apply is whether a reasonable fact finder would have to conclude otherwise than the administrative law judge, and I can't say that with regard to the weighing of those two medical opinions.

The other opinion that is challenged is the opinion from plaintiff's treating nurse practitioner, Maureen Schroettner, and that appears at 1087 to 1088 of the Administrative Transcript. It is completely debilitating.

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For example, it states that plaintiff can only lift 5 pounds or less. She can only sit, stand, and/or walk for one hour or less in an eight-hour workday. She can never climb, balance, kneel, crouch, crawl, or stoop. She will be off task more than 50 percent of the time and absent more than four days per month. There is no significant explanation to supplement and explain these findings. The administrative law judge addressed the opinion at page 29 and found it not to be persuasive, found that the activities of daily living and treatment record don't support it, the extent of the limitations is not supported by testing, and claimant had a full painless range of motion at both hips and the plaintiff's lumbar range of motion was only minimally limited, that's by reference to an SOS treatment note, and so she found the opinion not to be persuasive.

I don't find any error. In the end, what plaintiff seeks is a reweighing of the medical evidence and that's, as I said before, not something that is properly the function of the court.

Turning to the assessment of plaintiff's symptomology, obviously an ALJ must take into account plaintiff's subjective complaints when going through the five-step disability analysis, but it's not required to blindly accept the subjective testimony of a claimant.

Genier v. Astrue, 606 F.3d 46, Second Circuit 2010. Instead,

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the ALJ must make an assessment looking to the factors set forth in Social Security Ruling 16-3p. Significantly, the ALJ's assessment of an individual's subjective complaints regarding her pain and other symptoms is entitled to substantial deference by a reviewing court. Aponte v. Secretary of Department of Health and Human Services, 728 F.2d 588, Second Circuit, 1984; Shari L. v. Kijakazi, 2022 WL 561563, from the Northern District of New York, February 24th, 2022; and Edward J. v. Kijakazi, 2022 WL 4536257, Northern District of New York, September 28, 2022.

And of course when it comes to the burden of proof, it is clearly and squarely upon the plaintiff through step four of the sequential analysis. Poupore v. Astrue, 566 F.3d 303, Second Circuit 2009. The administrative law judge in this case carefully reviewed, and in some detail, the medical history in this case, did a proper analysis of the medical opinions in this record, and found that the plaintiff did not carry her burden of proving greater limitations, focusing, among other things, on her claims being inconsistent with her activities of daily living, her ability to manage and care for her children, and the objective findings and treatment notes. I find that the plaintiff's symptomology was properly analyzed by the administrative law judge pursuant to SSR 16-3p, and so I find no error in that regard.

In sum, I find that the correct legal principles

were applied in this case and the resulting determination is supported by substantial evidence and I grant judgment on the pleadings to the defendant and order dismissal of plaintiff's complaint. Attorney Antonowicz, I sincerely hope that your condition improves and that you return to good health, and I wish both of you a happy new year and all the best for 2025. Thank you. MR. ANTONOWICZ: Thank you, your Honor. MS. COHN: Thank you. COURTROOM DEPUTY: Court is adjourned. (Proceedings Adjourned, 11:31 a.m.) 

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